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CENTRAL FAX CENTER****SEP 30 2005****DATE:** September 30, 2005**PTO IDENTIFIER:** Application Number 09/876,160-Conf. #6709
Patent Number**Inventor:** Masaharu Ikeda**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** CONNOLLY BOVE LODGE & HUTZ LLP
Morris Liss**PHONE:** (202) 331-7111**Attorney Dkt. #:** 20402-00625-US**PAGES (Including Cover Sheet):** 15**CONTENTS:**

Amendment in Response to Non-Final Office Action (11 pages)
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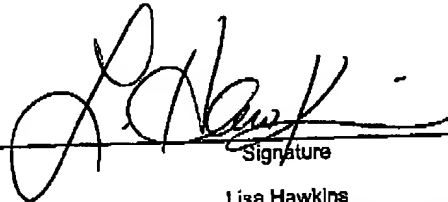
Application No. (if known): 09/876,160

Attorney Docket No.: 20402-00625-US

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Amendment in Response to Non-Final Office Action (11 pages)

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Effective on 12/28/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4218).		Complete if Known					
FEE TRANSMITTAL For FY 2005		Application Number	09/876,180-Conf. #6708				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	June 8, 2001				
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Masaharu Ikeda				
120.00		Examiner Name	C. P. Chau				
		Art Unit	2644				
		Attorney Docket No.	20402-00625-US				
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 22-0185 Deposit Account Name: Connolly Bove Lodge & Hutz LLP							
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
Fee Description	Small Entity Fee (\$)						
	Fee (\$)	Fee (\$)					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	
- 20 =	x	=					
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
- 3 =	x	=					
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	/50	(round up to a whole number) x	=				
				Fee Paid (\$)			
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Signature		24,510	(202) 331-7111				
Name (Print Type)	Monty Liss		Date September 30, 2005				